

West Virginia Perinatal Partnership Works to Improve Birth Outcomes

A comprehensive, coordinated network of public and private healthcare providers promotes the well-being of women and babies statewide.

The [West Virginia Perinatal Partnership](#) (WVPP) is a model project that works to improve the statewide perinatal system by identifying problems associated with poor birth outcomes. Originally promoted and supported by the Claude Worthington Benedum Foundation in 2007, the Partnership has since gained support from the governor and state legislature and has been funded through the West Virginia Higher Education Policy Commission, Office of the Vice Chancellor for Health Sciences, since 2011.

The Partnership is managed by WV Community Voices, Inc., a nonprofit organization dedicated to bringing grassroots voices to healthcare policy. The WV Department of Health and Human Resources Office of Maternal, Child, and Family Health (OMCFH), the perinatal medical community, payers, professional organizations, and the March of Dimes – WV Chapter serve as active leaders in the Partnership. Since its founding, this collaboration has established a statewide perinatal process to identify and address health policy issues related to rural provider shortages, lack of oral healthcare, costly medical procedures associated with poor birth outcomes, drug use during pregnancy, breastfeeding, maternal risk screening, hospital self-assessment, maternal and infant mortality review, and testing for metabolic conditions in newborns.

By making changes through the West Virginia Perinatal Partnership as a unified group, maternity providers and hospitals were able to achieve quicker and greater success.

Steps Taken:

- The 2006 WV Perinatal Wellness Study indicated that healthcare providers wanted a more organized and consistent system of perinatal care in the state.
- The WVPP evolved the following year to promote the well-being of pregnant women and their babies, with representatives from throughout the state, including every level of care.
- The Perinatal Central Advisory Council was formed to direct and promote the work and policy recommendations of subcommittees working on guidelines for perinatal care, high risk consultation, maternal and infant transport, perinatal outreach education programs, telecommunications systems development, universal prenatal risk screening and data collection, and adequacy of NICU beds.
- Some of the initial projects of the WVPP included the WV OB Quality Initiative (OB QI) to Reduce Elective Labor Inductions, Neonatal and Maternal Transport, Medical-Legal Guidelines for Drug and Alcohol Use During Pregnancy, the Hospital Self-Assessment Project, the Perinatal Outreach Educational Program, and studying the overload of NICU beds in the state.

Results:

- In 2009, 14 hospitals, representing 70 percent of births in the state, participated in the OB QI to reduce elective inductions prior to 39 weeks gestation. Rates dropped immediately and elective deliveries continued to decline. In 2011, only 1.3 percent of births in West Virginia hospitals were electively induced prior to 39 weeks gestation, which represents an 86 percent decrease since 2008. In 2011, 23 birthing hospitals began participating in a second OB QI focusing on reducing Caesarean sections among first time mothers, demonstrating the impact that hospitals working together can have in improving the care of mothers and their babies.

- A one-call system was initiated in summer 2012 that allows perinatal providers to make one call to a transport call center and receive a direct connection to the closest tertiary care facility with an available bed.
- WVPP partners developed a low-literacy, one-page fact sheet about the dangers of drug use during pregnancy for providers to distribute to patients or to be picked up at the doctor's office. A 2009 OMCFH sponsored study of births in eight WV hospitals identified that during a one-month time period, nearly one in five babies (19%) born had been exposed to drugs or alcohol while in utero. The [Neonatal Abstinence Syndrome \(NAS\) Toolkit](#) has also been widely distributed to assist nursery personnel in identifying newborns exposed to addictive substances.
- Twenty-two of the 29 state birthing facilities have completed their self-assessment and a team site visit, or have one scheduled. This is part of the [Hospital Self-Assessment Process](#) that was initiated in 2009 to evaluate compliance with perinatal hospital care national guidelines. Site visitors come from other hospitals to review the self-assessment; ensure appropriate policy, education, and equipment are in place; and offer their expertise.
- The Perinatal Outreach Educational Program uses maternity providers from across the state to share their expertise and deliver the latest evidence-based information and education programs to other maternity care providers. Key informant surveys identify the topics to ensure the educational programs meet providers' needs. CEUs/MEUs can be obtained.
- With the support and active participation of more than 100 partnering organizations, the WVPP also addresses the following issues to improve perinatal health: obstetrical and neonatal hospital guidelines and levels of care, comprehensive risk assessment, teleconsultation, breastfeeding, maternity care provider shortages, oral healthcare, in-home visiting, teen and unplanned pregnancy, quality perinatal care with cost containment, and pregnancy outcomes in minority populations.
- Numerous pieces of legislation have been passed due to the Partnerships policy recommendations, including uniform maternal risk screening ([SB 307](#)), newborn metabolic testing ([HB 2583](#)), infant and maternal mortality review ([HB 3028](#)), identifying breastfeeding as not being public indecency ([HB 2498](#), [HB 2248](#)), and an update to the HIV statute to conform with CDC recommendations ([SB 488](#)).
- The West Virginia legislature requested studies related to insurance coverage for [dependents' contraceptives](#) and pregnancy care and a comparison of [teen pregnancy outcomes](#) with county-based health education in the public school system ([HCR No. 53](#)).

Lessons Learned:

- As a nongovernmental, volunteer organization, WVPP brought together the medical community and other perinatal partners throughout WV to work collaboratively by identifying mutual goals and developing workplans to improve perinatal outcomes.
- Although many maternity providers and hospitals attempted to make necessary changes individually, making change as a unified group allowed for greater, quicker success.
- Since inception, the WVPP has identified key policy issues and promoted policy changes to improve outcomes when serving as expert witnesses for state legislative committees, successfully raising a number of legislative issues to improve maternal and infant health in the state.

For more information:

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